

ILLINOIS LABOR RELATIONS BOARD

☐ **STATE PANEL:** 320 West Washington Street, Suite 500
Springfield, Illinois 62701-1135
(217) 785-3155 FAX: (217) 785-4146

☐ **LOCAL PANEL:** 160 North LaSalle Street, Suite S-400
Chicago, Illinois 60601-3103
(312) 793-6400 FAX: (312) 793-6989

DO NOT WRITE IN THIS SPACE
CASE NUMBER
DATE FILED

PETITION TO INTERVENE IN AND BLOCK VOLUNTARY RECOGNITION PROCEEDING

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2000), and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1210.160, the following information is required. Submit an original and one (1) copy of this petition to the Illinois Labor Relations Board. If more space is required for any item, attach additional sheet(s), numbering items accordingly. **State Panel cases (e.g., State of Illinois, municipal and county government) must be filed in Springfield; Local Panel cases (e.g., City of Chicago and Cook County government) must be filed in Chicago.**

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2000). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

1.	NAME OF EMPLOYER/DEPARTMENT	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
3.	NAME OF PETITIONER	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
4.	PETITIONER REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
5.	NAME OF LABOR ORGANIZATION TO BE VOLUNTARILY RECOGNIZED	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
6.	DATE ON WHICH NOTICE OF INTENT TO RECOGNIZE WAS POSTED	

